5/1:

2001 UNIFORM BUSINESS REPORT (UBR)

Safe + e	
ALL De (DW) 2. Principal Place of Business 22 7 5, Fatrick Dr. 3. Mailing Address 5 acmc 5 ac	
Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Apr. Suite. Apt. #, etc. Apr. Suite. Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Apr. Suite. Apt. #, etc. Apr. Suite. Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Apr. Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Apr. Suite. Apt. #, etc. Suite. Apt. #,	
Suite, Apt. #, etc. Suite, Ap	
City & State City & State Country Country Country State Country State Country State Status Desired Status Desired Desired Agent Status Desired Status Desired Desired Desired Status Desired Desired Status Desired Status Desired Desired Desired Status Desired Status Desired Desired Status Desired	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gene_Retske. Street_Address (P.O. Box Number is Not Acceptable) Street_Address (P.O. Box Number is Not Acceptable) Light Hallandale Street Agent Agent 1. Name and Address of New Registered Agent Name Gene_Retske. Street_Address (P.O. Box Number is Not Acceptable) Light Hallandale Street Agent Ag	plied For t Applicable
MORSEY; TOM— 2500 E. HALLANDALE BEACH BLVD., STE. 210 HALLANDALE BEACH FL 33009 And the description of the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. City Hallandale; Satelife Beach FL 33009 City Hallandale; Satelife Beach Blvd Stered Agent statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. CHOTE: Re. stered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution.	
Street Address (R.O. Box Number is Not Acceptable) 2500 E. HALLANDALE BEACH BLVD., STE. 210 HALLANDALE BEACH FL 33009 The above named antity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. GNATURE Speakure and office or registered agent, or both, in the State of Florida. GNATURE This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Street Address (R.O. Box Number is Not Acceptable) 1/2 7. S. Pathick Dr. Suite St. 3/19 Code 1/2 7. S. Pathick Dr. Suite St. 3/19 Code 4/10 Code 3/19 Code 4/10 Code 4/10 Code 4/10 Code 4/10 Contribution. 4/10 Contribution. 4/10 Code 4/10 Code 4/10 Code 4/10 Code 4/10 Contribution.	
2500 E. HALLANDALE BEACH BLVD., STE. 210 HALLANDALE BEACH FL 33009 122 7. S. Patrick Dr., Suite 301 City Hallandale, Satellife Beach Blvd Steel Blvd	
City Hallandale, Satellite B.FL 330000 City Hallandale, Satellite B.FL 3300000 City Hallandale, Satellite B.FL 3300000 City Hallandale, Satellite B.FL 33000000 City Hallandale, Satellite B.FL 3300000000000000000000000000000000000	e 210
City Hallandale, Satelife & FL 330000000000000000000000000000000000	
The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. GNATURE Speaking water plants or registered agent and little if applicable. (NOTE: Re. stered Agent signature required when reinstating) DATE NOTE: Re. stered Agent signature required when reinstating) DATE	
GNATURE Superture Append signature required when reinstating DATE	9-
Speaking transfer forms of registered agent and life if applicable. (NOTE: Re. stered Agent signature required when reinstating) DATE Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution.	4987
Speaking saved Familia registered agent and little if applicable. (NOTE: Re. stiered Agent signature required when resistating) DATE This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution.	,
Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution.	
Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution.	
TOST UND COMPOSON. La AGUSO	O May Be
	to rees
OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
.E C Delete TITLE Change	☐ Addition \ §
ME CHARLES, PATRICK F MAME MET ADDRESS 8756 - 122ND AVENUE NE	Addition Section Addition
0/00 - IZZNO AVENOE NE	È
Y-ST-ZIP KIRKLAND WA 98033 CITY-ST-ZIP LE D Delete FITLE Change	Addition 9
ME PICKEN, TERRENCE K	
HEET ADDRESS 8756 - 122ND AVENUE NE STREET ADDRESS	
Y-ST-ZIP KIRKLAND WA 98033 CITY-ST-ZIP	
E D Delete TITLE Change	☐ Addition
MORSEY, THOMAS FET ADDRESS STREET ADDRESS STREET ADDRESS	-
EET ADDRESS 2500 E. HALLANDALE BEACH BLVD., STE. 210 STREET ADDRESS CITY-ST-ZIP HALLANDALE BEACH FL 33009	}
E P Delete TITLE Change	Addition
ME MORSEY, TOM NAME	
RET ADDRESS 2500 E. HALLANDALE BEACH BLVD., STE. 210 STREET ADDRESS	(
Y-ST-ZIP HALLANDALE BEACH FL 33009 CITY-ST-ZIP	
LE VST Delete TITLE Change ME PICKEN, TERRY	☐ Addition
ME PICKEN, TERRY REET ADDRESS 8756 - 122ND AVENUE NE STREET ADDRESS	}
Y-ST-ZIP KIRKLAND WA 98033	
LE Delete TITLE Change	☐ Addition
ME NAME	l
FREET ADDRESS STREET ADDRESS CTV. ST. 209	
IY-SI-ZIP CITY-SI-ZIP CITY-SI-	}
3. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer.	nformation
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or changed, or on an attachment with an address, with all gifter like empowered.	rorairector i
Frankl 1/2 2/21 689 4	rorairector i
IGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DOIS OFFICER OF DIRECTOR DOIS OFFICER OF DIRECTOR DOIS OFFICER OF DIRECTOR DOIS OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	rorairector i